SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: Bay ald County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN APR 15 2021

Permit #: Date: **Amount Paid:** 

												350	0-1	TT 56
INSTRUCTIONS: N	o permits w	rill he issu	ed until all fo	es are naid	Ba	yfield Co. Zon	ing	Dept	0116	Refund	n-		10	//
Checks are made p	payable to: E	Bayfield C	ounty Zoning	Department.	-					CI	Q-C	onversi	on to	Res
DO NOT START CO	NSTRUCTIO	N <u>UNTIL</u>	ALL PERMITS	HAVE BEEN ISSUED	TO APP	LICANT. Origin	nal A	pplication	MUST be sub	mitted W	T, FIJH	OUT IN INK	(NO PE	VCIL) 5/27
TYPE OF PERMIT	T REQUES	TED-	1 4	LAND USE	SANIT	TARY   PRIV	1	CONDIT	IONAL USE	SPECIA	DUSE	□ B.O.A.	□ OTHE	R /
Owner's Name:						ng Address:			City/State	Zip:			Teleph	one:
Address of Proper	1 1	HWI	serson	USR	24	80 BONY L	K.	Kd.	BARNI	SIWI	:54	1873	715-	745-2942
.0.11	SONI/	1 W.V.i	<b>ERCL</b>			City/State/Zip:		105	51107	2			Cell Pho	one:
Contractor:	Die g	CIPER			Contr	actor Phone:		Plumber	7 70 /	)			-	- 591-822 er Phone:
	INFOW	0 10											Tunibe	i i none.
Authorized Agent	: (Person Sig	ning Appli	cation on beha	If of Owner(s))	Agen	t Phone:		Agent IV	lailing Address	(include Cit	y/State/2	Zip):	Writter	
													Author	
													☐ Yes	□ ·No
PROJECT LOCATION	Legal	Descrip	tion: (Use T	ax Statement)		Tax ID#					Record	led Document		
LOCATION						1999		100.55	F		^	77		48
1/4, _	:	1/4	Gov't Lot	Lot(s)	CSM		CSM I	Doc#	Lot(s) #	Block #	Subdiv	ision:		
	_				VI	P188								
Section	, Tow	nship _	44 N, F	tange <u>09</u> 1	N	Town of:	412	NDS			Lot Siz	е	Acre	age_
		Due is entire	/1 tal- :	- 200 (- · · · ( p)										~
*/	19000			n 300 feet of Riv of Floodplain?		am (incl. Intermitter	1.5	Distance S	structure is fr	om Shorelii	ne : feet	Is your Prop		re Wetlands
Shoreland -	M/s F	Property	/Land withi	n 1000 feet of La	-			Distance C	`A	Cl l'		Zone?		Present?  Ves
	.5/1.51	roperty	, Lana witin	11 1000 1001 01 10		escontinue —		Distance 5	tructure is fr	om Snoreili	ne : feet	☐ Yes		/ No
☐ Non-Shoreland	d											√No		From
	STATUTE AND ADDRESS OF THE PARTY OF THE PART													
Value at Time of Completion								Total #	of	W	hat Ty	oe of		Type of
* include		Projec	t	Project							/Sanitary System(s)			Water
donated time				# of Stories		Foundation		on	-1			perty <u>or</u>		on
& material	□ New	C		¥ 4.61				propert				property?		property
	☐ New	Constri	iction	1-Story	Basement			□ <b>1</b>		nicipal/Cit				☐ City
	☐ Addit	tion/Alt	eration	☐ 1-Story + Loft	Foundation			12	₩ (Ne	w) Sanitai	y Spec	ify Type:		□ <b>/</b> Well
\$ 49 000	-									☐ Sanitary (Exists) Specify Type:				
11,000	Conv	ersion		☐ 2-Story	/ Slab			□ 3	Jul					
			sting bldg)						_ Priv	☐ Privy (Pit) or ☐ Vaulted (m			00 gallon)	
	☐ Run a		ess on		Use			☐ Non	e 🗆 Por	table (w/se	ervice co	ntract)		]
	Prope	erty				Year Round				npost Toil	et			
									□ Noi	ne				
<b>Existing Structu</b>	ıre: (if add	ition, alte	eration or bu	siness is being app	olied for	Length:		37-1	O. Width:	24	Q.T	Heigh	t: Z	RT
Proposed Cons	truction:	(overa	<mark>ll dimensior</mark>	is)		Length:			Width:		4	Heigh		7-7
										100	JU			
Proposed l	Jse	<b>*</b>				Proposed Struc	ture		1 1	U-T	AP	imensions		Square Footage
			Principal	Structure (firs	t struc	ture on propert	y)	-my		mL/	1	Х	)	
		F	Residenc	<b>e</b> (i.e. cabin, hւ	inting s	shack, etc.)		DITT		11.	(3	2 X Z ; !	) =	168
<b>X</b> Residentia	l Use			with Loft			, ,		The state of the s	,	(	Х	)	
1				with a Porc		nclose ex	27	ng Pos	reh		(10	x /6	)	160
	1.17	4		with (2 <sup>nd</sup> ) P			. /				(	Х	)	
	' '			with a Deck with (2 <sup>nd</sup> ) D				\			( /	0 x 16	) /	40
☐ Commerci	al Use							it.			(	X	)	
			Punkha	with Attach					0.6		1	X	1	
						sleeping quarte	rs, <u>o</u>	_ □ cookin	g & tood prep	facilities)	(	X	),	
				ome (manufacti						_	(	X	)	
Municipal	Use			Alteration (exp			_				(	X	)	
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1		X		nal Use: (explain	) 2	velling:	5	on 1	parce/		14	Х	)	
		<b>!</b> .	Other: (ex	(plain)		/					(	Х	)	
I (wa) declare that the	annliesti /*	includie -	FAILURE TO	OBTAIN A PERMIT	or START	TING CONSTRUCTIO	N WIT	HOUT A PER	RMIT WILL RESU	ILT IN PENALT	TES			
I (we) declare that this	application (i	nciuding at	iy accompanyin	g information) has bee	n examine	ed by me (us) and to th	e hest	ot my (our) kn	owledge and helic	fit is true corr	act and car	anlata I /al a ala	1 1 1	/

I (we) acciare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_ (If there are Multiple Own ners listed on the Deed All O wners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_

Address to send permit \_

Date

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Copy of Tax Statement If you recently purchased the property send your Recorded Deed

#### In the box below: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL **Proposed Construction Show Location of:** (2) Show / Indicate: North (N) on Plot Plan (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road) (4)Show: All Existing Structures on your Property (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P) (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond (\*) Wetlands; or (\*) Slopes over 20% Show any (\*): (6) Show any (\*): (7)DRUMNFIELD WELL HOUSE - CARMOE REXEREL Septic Med THED MED)

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

### (8) Setbacks: (measured to the closest point)

Description	Setback Measurements			Description	Setb Measure	
Setback from the <b>Centerline of Platted Road</b>	380	Feet		Setback from the <b>Lake</b> (ordinary high-water mark)	120	Feet
Setback from the <b>Established Right-of-Way</b>	360	Feet		Setback from the <b>River</b> , <b>Stream</b> , <b>Creek</b>	150	Feet
Setsack Holli the Established Hight of Tray	70-			Setback from the <b>Bank or Bluff</b>		Feet
Setback from the <b>North</b> Lot Line	360	Feet				
Setback from the <b>South</b> Lot Line	ZYO	Feet		Setback from Wetland		Feet
Setback from the West Lot Line	110	Feet		20% Slope Area on the property	☐ Yes	₩No
Setback from the <b>East</b> Lot Line	140	Feet		Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	100	Feet		Setback to <b>Well</b>	4	() Feet
Setback to <b>Drain Field</b>	75	Feet			,	·
Setback to <b>Privy</b> (Portable, Composting)		Feet				

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

### (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

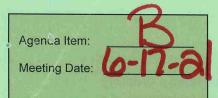
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	2215	# of bedrooms:	Sanitary Date
Permit Denied (Date): 6-17-21	Reason for Denial:	activity - a	bide by Per	nit 19940 2001
Permit #: 31-0415	Permit Date:	2-28/2		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming  □ Yes (Deed of Record) □ Yes (Fused/Contiguous) □ Yes		Mitigation Required Mitigation Attached		Affidavit Required Affidavit Attached Yes No
Granted by Variance (B.O.A.)  ☐ Yes ☐ No Case #:	A	Previously Granted by  Ves No	Variance (B.O.A.)	: #:
Was Parcel Legally Created Was Proposed Building Site Delineated □ Yes □ No □	12	Were Property Line	es Represented by Owner Was Property Surveyed	☐ Yes ☐ No ☐ Yes ☐ No
Inspection Record:				Zoning District ( R-1 ) Lakes Classification ( 2 )
Date of Inspection:	Inspected by:			Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached	ed?   Yes   No – (If <u>I</u>	<u>No</u> they need to be atta	ched.)	
Signature of Inspector:				Date of Approval:
Hold For Sanitary:   Hold For TBA:	Hold For Affid	avit: 🗌	Hold For Fees: 🗌	



### **APPLICATION FOR CONDITIONAL USE**

Office Use:	
Zoning District R	-1
Lakes Class	2 1 CONE
Notices Sent	to it is to be
Fee Paid	

Bayfield County Planning and Zoning Dept. P.O. Box 58 - Washburn, WI 54891

Phone - (715) 373-6138

Fax - (715) 373-0114

\*\* Please consult AZA/ Zoning prior to submitting this appl.\*\*

e-mail: zoning@bayfieldcounty.org

Property Owner ROBERT E. ANDERSON SR.	Contractor HOMEOWNER
Property Address 2480 BONY LAKE RD.	Authorized Agent
BARNES, WI. 54873	Agent's Telephone
Telephone 715-795-2992 248-591-8224	Written Authorization Attached: Yes ( ) No ( )
Accurate Legal Description involved in this request (spec	cify only the property involved with this application)
PROJECT LOCATION Legal <u>Description</u> : (Use Tax Statement) Tax ID#:	19
AT 111 6	Town of: Lot Size Acreage
1/4,1/4, of Section 05 , Township 44 N, Range	BARNES 3.5
Gov't Lot B CSM # Vol. Page Lot(s) No.	Block(s) No. Subdivision:
	, 1 UNDIT
Description from Classification List * Muftiple Ros	wheres 13-1-33 W/STR
Briefly state what is being requested and why:	12 Owelling
LUATER AND SEPTIL. ENCLOSE SCREEN	DOREH (10'X16') ADD 10'X16' DEPK
The second secon	hing to short Term Rent / unit

THE FOLLOWING "MUST" BE INCLUDED WITH THIS APPLICATION (or will be returned for completion APR 15 2021

1. Completed Bayfield County Application for Permit (8 ½ x 14)

2. Pink Form with applicants portion filled out (Do Not Send or Give to Town Clerk)

- 3. Appropriate Fees (1) Committee (\$350); (2) County (see fee schedule); and (3) (\$30) Check payable to: Reg. of Deeds
- 4. Copy of your Deed; Copy of Current Tax Statement; and Copy of Flex Viewer (Map)
- 5. Plot Plan (show the area involved, its location, dimensions and location of adjacent property owners)
- 6. Adjoining property owners names/addresses (see reverse side of this form)

PINK FORM: Property Owner must send TOWN BOARD RECOMMENDATION (aka: TBA) to Zoning Office at the time of application deadline. (This form will be sent by the Zoning Department to the Town Clerk for their recommendation).

★ ★ Note:

Receiving Zoning Committee approval, does not allow the start of business or construction, you must first obtain your permit(s) from the Zoning Department.

### LIST ADJACENT PROPERTY OWNERS ON THIS FORM:

Provide <u>names</u> and <u>full addresses</u> of the owners of all property abutting the applicant's property. (<u>Note</u>: Applicant is <u>solely</u> responsible for obtaining <u>accurate</u>, <u>current names</u> and <u>addresses</u>.)

Attach separate sheet only if additional space is needed.

(1) JOHN ALTON + MARY	(2) RACHEL HUTE	2 GOLLER	(3) SUSHN E. KOSSAK	
BETH BLOSSOM	417 DLIVE ST	Asar territor	2490 BONY LAKE, Rd	BARLA
BETH BLOSSOM  2 410 BONY LAKE RU BARNES WE SYS	CHIPPEWA FALLS	WT 54729	1531 E. 3rdst. Supple	548
(4) <u>M42</u> <u>y</u>				
(7)	(8)		(9)	
(10)	(11)		(42)	
(10)			(12)	
	Toward De			
Have you consulted with an AZA	and/or Zoning Dept. prior	to applying for	permit? Yes ( ) No (	)
All Structures involved with thi	Contract the State of		and the second of	
MAKE AND A		A.	gent's Signature	
Property Owner's Signatu (All owners' must sign)	re	si nodaciil.qA	Country I will a dispersion of the country of the c	
John I Do	len O-	V alla	gent's Address	
1 Constant	Date	7/8/1	(chosensel	
Property Owner's Mailing	Address			

Website Available www.bayfieldcounty.org/147

### TOWN BOARD RECOMMENDATION - CONDITIONAL USE (aka: TBA)

### When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department P.O. Box 58 - Washburn, WI 54891

Phone - (715) 373-6138 Fax - (715) 373-0114 e-mail: zoning@bayfieldcounty.org

www.bayfieldcounty.org/147

Web Site available:

Date Zoning Received: (Stamp Here)

### RECEIVED

JUN 22 2021

Bayfield Co.

Applicants must give this (Pink) form to the Planning and Zoning Department with their application. Planning and Zoning Dept. must send form and copy of application to the Town Clerk. (It is requested that Board of Adjustment & Zoning Committee public hearing(s) and agenda item(s) receive Town Board's position prior to consideration of application.)

THIS FORM MUST BE MAILED TO TOWN CLERK - BY ZONING DEPT

'	
Property Address 2480 BONY LAKE Rd Au BALUES, WI 54873 Ag	Range 09 W. Town of BARNES
Volume 2 Page 188 of Deeds Tax I.D# 1499	Acresce 3.5
Additional Legal Description:    Applicant: (State what you are asking for)   Zoning District   COURSE Buck House, ADD Pressur Tecl C   (1016) ADD 1016 DECK ATT 2 D	DATER + SENTIE. ENCLOSE SCHOOL PORCH
۲ <del></del>	
We, the Town Board, TOWN OF	, do hereby recommend to
☐ Table ☐ Approval	☐ Disapproval
Have you reviewed this for Compatibility with the Comprehe Planning & Zoning Committee Applications only; it does not apply to Bo	
Township: (In detail clearly state Town Board's reason for recom	
doubled the commission s's	at d. The moditional use
	Signed:
** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:	Chairman: The and
<ol> <li>The Tabled, Approval or Disapproval box checked</li> <li>The Town's reasoning for the tabling, approval or disapproval</li> </ol>	Supervisor: Lin Arrivat
3. The Pink form returned to Zoning Department not a copy or fax	Supervisor: Superv
**NOTE:	Supervisor:
Receiving Town Board approval, <u>does not</u> allow the start of construction or business, you <u>must</u> first obtain your	Clerk: Orange Congression
permit card(s) from the Planning and Zoning Department.	Date: 4/15/2021
Created: July 2018	

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

**Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

### **APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN**

Date Stamp (Received)

JUL 27 2021

11111

Permit #: Date: \$75 7-27-21ga **Amount Paid:** Refund:

Checks are made p	ayable to: F	Bayfield Co	unty Zoning	Department.	Pla TO APP	Baynero I <mark>nning and Zo</mark> LICANT.	aning Ag	Jency Application I	MUST be sub	mitted	EIII	OLIT IN IN	ik (NC	PENCIL)
TYPE OF PERMIT											297113111			
Owner's Name:	REQUES	ILD V		LAND USE	SANIT	ng Address:	RIVY	CONDITI	City/State/	☐ SPECIA	L USE	☐ B.O.A	A STATE OF THE PARTY OF	OTHER elephone:
ROBERT	E-	AND	ersor	)	10.000	2490 BOOY LACE RO BARNES, W					75	4072		218-590 -
Address of Proper 2480 Bo		HI R	رگ			City/State/Zi	p:	•	54872		LV	121/		ell Phone:
Contractor:	1	, -			Contr	actor Phone:		Plumber	10/				P	lumber Phone:
HOME	WWD	<u></u>												
Authorized Agent:	(Person Sig	ning Applic	ation on beha	lf of Owner(s))	Agen	t Phone:		Agent M	ailing Address	(include Cit	y/State/z	Authorization Attached		
PROJECT LOCATION	Legal	Descript	ion: (Use T	ax Statement)		Tax ID#	99			49		ed Docum <b>34</b>		Yes No Dowing Ownership)
1/4, _		1/4	Gov't Lot	Lot(s)	CSM UZ	Vol & Page P/90	CSIV	l Doc#	Lot(s) #	Block #	Subdiv	ision:		
Section	, Tow	nship	44 N, R	ange 09	w	Town	of: ANI	UES			Lot Size	9		Acreage
	Cree			n 300 feet of Riv of Floodplain?		eam (incl. Interr		Distance S	tructure is fr	om Shorelii	ne : feet	Is your P		Are Wetlands
<b>\$</b> Shoreland −	* Ns I	Property/	Land withi	n 1000 feet of L	ake, Por		9	Distance S	tructure is fr	om Shorelii	ne:	Zon	es	Present?
☐ Non-Shoreland	d				п у	escontinue	-		120		feet	Z1	lo	No
	20022000		V-3/2-12 (Va. 18-1)		// See See				The state of the s					
Value at Time of Completion								Total #					Type of	
* include		Project		Project # of Storie		Project Foundation								Water
donated time & material				# OI Storie	3	roulldation		on propert	y			perty <u>or</u> property	7	on property
1/3	□ New	Constru	ction	☐ 1-Story		☐ Basement				nicipal/Cit				☐ City
\$	MAddi	tion/Alt	eration	☐ 1-Story + Loft	1	Foundation (New) Sanita							Well	
2,000	□ Conv	ersion		☐ 2-Story	□ Slab		□ 3		Sanitary (Exists) Specify Type:				ĺ	
	☐ Relo	cate (exis	ting bldg)						<b>/y (Pit)</b> or	or 🗆 <b>Vaulted</b> (min 200 gallon)				
		a Busine	ss on		Use					ntract)				
	Prop	erty		1 .		▼ Year Round ☐ Compost Toile ☐ None				et				
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Proposed (	Jse	1				Proposed S		re			D	imension	s	Square Footage
H				Structure (fir			perty)				(	Х	)	
			Residenc	e (i.e. cabin, h with Loft	unting	snack, etc.)					(	X	)	
Residentia	I Use			with a Porc	h						(	X	)	
				with (2 <sup>nd</sup> ) F	22.0						(	X	)	
				with a Dec							(	Х	)	
☐ Commerci	al Hsa			with (2 <sup>nd</sup> ) [	Deck						(	Х	)	
	ai 030			with Attacl	ned Ga	rage					(	Х	)	
				<b>se</b> w/ (□ sanita							(	Х	)	
			Mobile H	ome (manufac	tured da	ite)					(	Х	)	
☐ Municipal	Use		Addition	/Alteration (ex	(plain) _						(	Х	)	
			Accessor	y Building (exp	olain) _	2 12		10 -1 24 -	Se Se	REED	(	Х	)	
		*		y Building Add		3,21,31,23,41				opert	11/	<u> </u>	<b>()</b>	160
				se: (explain)							1	X	)	
				nal Use: (explai							1	X	)	
				xplain)							1	Х	)	
I (we) declare that this (are) responsible for t	s application (	(including an	v accompanyin	OBTAIN A PERMIT g information) has be I (we) am (are) provid	en examin	ed by me (us) and	to the he	est of my (our) kn	owledge and heli	fit is true corr	ect and cor	mplete. I (we we) further a	acknowl	edge that I (we) am lity which may be a

property at any reasonab

Owner(s): letter(s) of authorization must accompany this application)

Address to send permit

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

### In the box below: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL **Show Location of: Proposed Construction** (2) Show / Indicate: North (N) on Plot Plan (3)Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road) (4)Show: All Existing Structures on your Property (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P) (5) Show: (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20% Strow Jonest. SHED - WI priveway BONY LAKE ACC Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Setback Measurements			Description	Setb Measure	
Setback from the Centerline of Platted Road	390	Feet		Setback from the Lake (ordinary high-water mark)	120	Feet
Setback from the Established Right-of-Way	360	Feet		Setback from the River, Stream, Creek		Feet
				Setback from the Bank or Bluff		Feet
Setback from the <b>North</b> Lot Line	340	Feet				
Setback from the <b>South</b> Lot Line	240	Feet		Setback from Wetland		Feet
Setback from the West Lot Line	110	Feet		20% Slope Area on the property	☐ Yes	⊈ <b>∕</b> No
Setback from the <b>East</b> Lot Line	140	Feet		Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank		Feet		Setback to Well	40	Feet
Setback to <b>Drain Field</b>		Feet			7	
Setback to <b>Privy</b> (Portable, Composting)		Feet	E			

o the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be irked by a licensed surveyor at the owner's expense

### (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

ou are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (Cour	nty Use Only)	Sanitary Number:	# of bedrooms: Sanitary Date:						
Permit Denied (Date):		Reason for Denial:							
Permit #:		Permit Date:	estate an early 11	Alter Helman					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	☐ Yes (Deed of Record ☐ Yes (Fused/Contigue ☐ Yes	ous Lot(s))	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required				
Granted by Variance (B.O.A.)  ☐ Yes ☐ No Ca	se #:		Previously Granted by Variance (B.O.A.)  See See See See See See See See See Se						
Was Parcel Legally Cr Was Proposed Building Site Delin	The state of the s		Were Property Lines Represented by Owner Was Property Surveyed Yes □						
Inspection Record: 586 - Co			1		Zoning District ( R-/ ) Lakes Classification ( 2 )				
Date of Inspection: 7-/-	**/	Inspected by:			Date of Re-Inspection:				
Condition(s): Town, Committee or  - Get require  - No Kitcher  - If freeg un  Signature of Inspector:	Board Conditions Attacked UPC in some cooking to	ched? I yes I No-(If	No they need to be attacked	thed.) Teephic per	Date of Approval:				
Hold For Sanitary:	Hold For TBA:	Hold For Affic	davit: 🗆	Hold For Fees:	_ 0				

YEAR ESTATE DAYNER COUNTY FROPERTY LISTING

'oday's Date: 12/20/2021

Updated: 4/22/2021

Updated: 3/15/2006

438-55

Tax ID: PIN:

1499

04-004-2-44-09-05-2 05-003-12000

Legacy PIN:

Description

004106701000

Map ID:

1unicipality:

(004) TOWN OF BARNES TR: S05 T44N R09W

escription:

PAR IN LOT 3 IN DOC 2021R-588020(LOT B OF CSM V.2 P.188) 430L2

3.500

104

.ecorded Acres: 'alculated Acres: 3.417 ottery Claims: 1 irst Dollar: Yes

oning: (R-1) Residential-1

SN:

Tax Districts Updated: 3/15/2006

STATE **COUNTY** 04 **TOWN OF BARNES** 41491 SCHL-DRUMMOND 31700 TECHNICAL COLLEGE

Recorded Documents

**QUIT CLAIM DEED** ate Recorded: 4/12/2021 2021R-588020

| QUIT CLAIM DEED

ate Recorded: 8/1/2011 2011R-539548 1065-929

CONVERSION

ate Recorded:

Ownership

Updated: 4/22/2021

**ROBERT E ANDERSON JR** 

FOXBORO WI

**Billing Address:** ROBERT E ANDERSON JR

6809 S STATE ROAD 35 FOXBORO WI 54836

**Mailing Address:** 

**ROBERT E ANDERSON JR** 6809 S STATE ROAD 35 FOXBORO WI 54836

Created On: 3/15/2006 1:14:45 PM

Site Address \* indicates Private Road

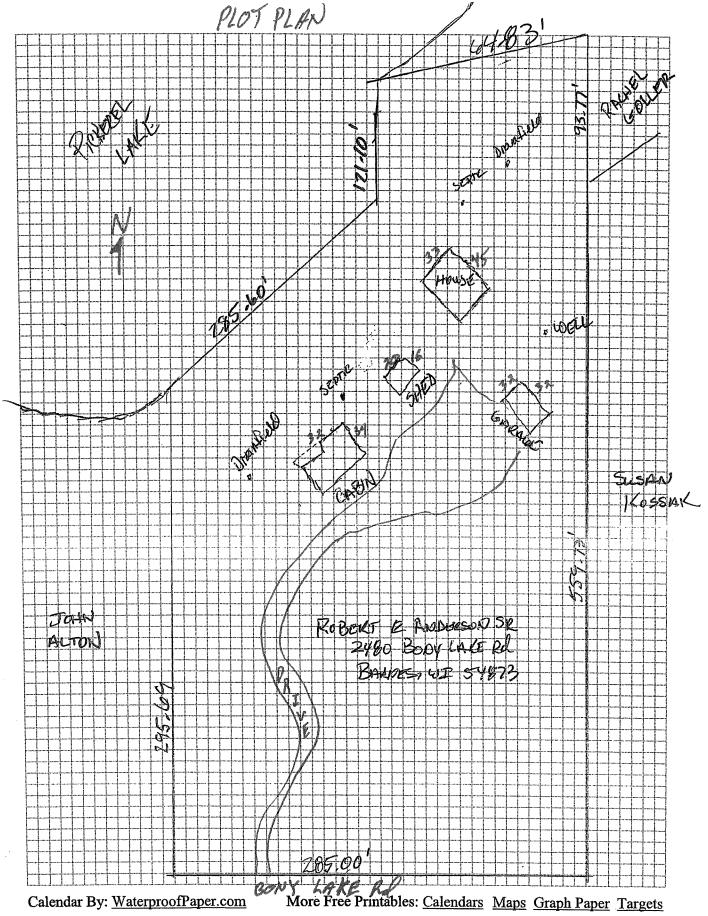
2480 BONY LAKE RD **BARNES 54873** 

Property Assessment Updated: 10/4/2016 2021 Assessment Detail Code Acres Land Imp. G1-RESIDENTIAL 3.500 115,300 173,800 2-Year Comparison 2020 2021 Change Land: 115,300 115,300 0.0% Improved: 173,800 173,800 0.0% Total: 289,100 289,100 0.0%

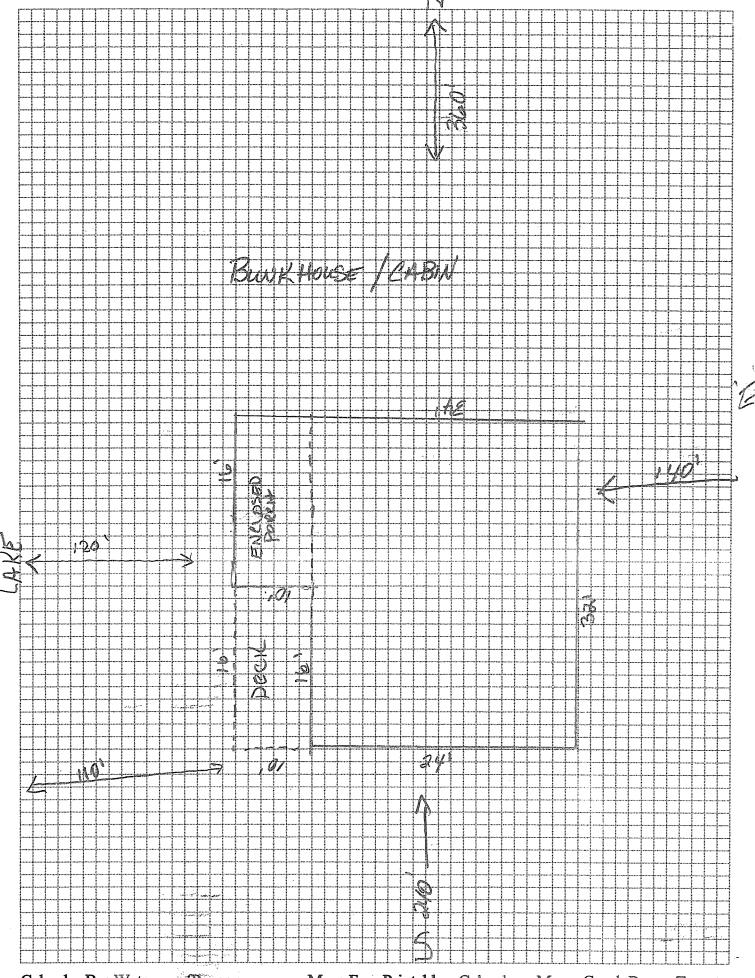


Property History

N/A



Calendar By: WaterproofPaper.com



Calendar By: WaterproofPaper.com

More Free Printables: Calendars Maps Graph Paper Targets

### **Bob Anderson**

From:

Robert Lietha <inspectorrob1@hotmail.com>

Sent:

Tuesday, August 03, 2021 9:08 AM

To:

**Bob Anderson** 

Subject:

Barnes Bunkhouse 2480 Bony Lake Road

Bob,

Your bunkhouse located at 2480 Bony Lake Road in Barnes does not meet the requirements in the Town of Barnes UDC ordinance for needing a UDC building permit since a zoning permit was issued for the structure in 2001 (01-557). The Town of Barnes UDC ordinance only covers one and two family new dwellings constructed after January 1, 2005 or non-dwelling to dwelling change of uses. Please complete any zoning permit conditions and follow up with Bayfield County Zoning.

Thank you,

Robert Lietha Inspector Rob Agency LLC PO Box 307 Superior, WI 54880 218-393-6482 www.inspectorrob.com

\$100 4-8-21

### Bayfield County Impervious Surface Calculations



These calculations are **REQUIRED** per WI Admin Code NR 115.05(1)(e) and Section 13-1-32(g) and 13-1-40(h) of the Bayfield County Code of Ordinances. The undersigned hereby makes application for construction, reconstruction, expansion, replacement or relocation of any impervious surface within 300 feet of the ordinary high water mark and agrees that all activities shall be in accordance with the requirements of the Bayfield County Code of Ordinances and all other applicable ordinances and the laws of the State of Wisconsin.

Pursuant to Chapter 1, Title 13, Section 13-1-106(d) of the Bayfield County Zoning Ordinance(s), Planning and Zoning Department employees assigned to inspect properties shall have access to said properties to make inspections.

						1. 1. 1.
Property Owner(s):	25.1.4					
KOBERT E. A.	OCTUSED SP	)	•			
Mailing Address:		Prop	erty Address			
2480 BONYLAKE R	of Branksust.	2	480 Bo	UIL	WE Rd BAR	UES, WISY87
Legal Description:	0102	Sect	ion, Township,	Ránge		
1/4,	1/4,	Sec	05	Townsh	ip44	N, Range <u>09</u> w
Authorized Agent/Contractor			Gov't Lot	Lot #	CSM#	Vol & Page
· ·			3	T	3 V2	P188
Lot(s) # Block(s) #	Subdivision				Town of:	
B	."		-		BARNES	
Parcel ID # (PIN #)			Tax ID#		Date: / /	
04-004-2-44-09-05	-2-05-003-1	2.000	149	9	4/5/20	21

**Impervious Surface:** An area that releases as runoff all or a majority of the precipitation that falls on it. "Impervious surface" excludes frozen soil but includes rooftops, sidewalks, driveways, parking lots and streets unless specifically designed, constructed and maintained to be pervious.

**Calculation of Impervious Surface:** Percentage of impervious surface shall be calculated by dividing the surface area of existing and proposed impervious surfaces on the portion of a lot or parcel that is within 300 feet of the ordinary high water mark by the total surface area of the lot or parcel, multiplied by 100.

**Impervious Surface Standard:** Allow up to 15% impervious surface but not more than 30% impervious surface on the portion of a lot or parcel that is within 300 feet of the ordinary high water mark. A permit can be issued for development that exceeds 15% impervious surface but not more than 30% impervious surfaces with a mitigation plan that meets the requirements of the Bayfield County Ordinance(s).

**Existing Impervious Surfaces:** For existing impervious surfaces that were lawfully placed when constructed but that do not comply with the standards in Section(s) 13-1-32(g) and Section 13-1-40(h), the property owner may do any of the following:

- a. Maintenance and repair of all impervious surfaces:
- b. Replacement of existing impervious surfaces with similar surfaces within the existing building footprint;
- c. Relocation or modification of existing impervious surfaces with similar or different impervious surfaces, provided that the relocation or modification does not result in an increase in the percentage that existed on the effective date of the county shoreland ordinance, and meets the applicable setback requirements in Section 13-1-32.

## Impervious Surface Item

### **Dimension**

### Area (Square Footage)

Existing House	28' x36'	1,008
Existing Accessory Building/Garage	281432	896
Existing Sidewalk(s), Patio(s) & Deck(s)	38' X 2.5' 4'x 20'	175
Existing Covered Porch(es), Driveway & Other Structures	81 x 8' 000 7,000	384 8,184
Proposed Addition/House	24' x 32'	768
Proposed Accessory Building/Garage		
Proposed Sidewalk(s) & Patio(s)	·	
Proposed Covered Porch(es) & Deck(s)	10 × 32	32e)
Proposed Driveway		,
Proposed Other Structures		
enthalta ( "yes o)	inches 1	
Total:		

a.	Total square footage of lot:				
b.	Total impervious surface area:			351	
c.	Percentage of impervious surface area: 100 x (b)/a = _	2,1	2%	7.	45%
	If the proposed impervious surface area is greater than 15%	% mitigatio	n is required	d.	
Total s	square footage of additional impervious surface allowed:	@ 15%	22,869	@ 30%	45.739

Issuance Information (County Use Only)	Date of Inspection: 5/13/21
Inspection Record:	,
,	Inity Divines
	Latine Classiff carrier 1
Condition(s):	
	Stormwater
	Management Plan Required:
	1.0
	□ Yes VNo
	•
Signature of Inspector:	Date of Approval:
OHIDOZ	1/1/2/

u/forms/impervioussurface Created: May 2012 (®Apr 2016; Sept 2020)

Proofed by: \_\_\_\_\_

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** 

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

### **APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN**

Date Stamp (Received)

JUL 27 2021

Bayfield Co. anning and Zoning Agency

Permit #: Date: \$75 7-27-21 ym Amount Paid: Refund:

Checks are made p	ayable to: B	ayfield Co	ounty Zoning	Department.	TO APP	LICAL	NT. Origin	nal A	Application MU	ST be subn	nitted	FILL	OUT IN INK	NO PE	NCII.)
												20000-00			•
TYPE OF PERMIT Owner's Name:	REQUES	I ED -	Ц	LAND USE		100	D PRIVY		CONDITION	IAL USE City/State/2	□ SPECIA	L USE	☐ B.O.A. ☐	OTHE	
R-OBERT	- C K	1401	Men		2		O Bing (	1	Up pa	0.		1 1 7		Teleph	
Address of Proper	tv.	_					/State/Zip!	-P( )	KE KEY I	BHILL	9B>1	WL	54872	2/8	-591-
6 21	1901	3010	1 Lare	RU		1	SABAI	0	Silint	54	172			Cell Ph	one: 4715
Contractor:			1101		Contr	racto	r Phone:		Plumber:	0/1				Plumb	er Phone:
HOME	DWILLE	n											n.		
Authorized Agent:	(Person Sign	ning Applic	ation on beha	f of Owner(s))	Agen	t Pho	ne:		Agent Mailir	ng Address	(include Cit	y/State/2	Zip):	Writte	n
-4														rization	
													Attach	ed □ No	
PROJECT						Tax I						Record	led Document: (		
LOCATION	Legal	Descript	tion: (Use T	ax Statement)			149	9				29	4	3	48
			Gov't Lot	Lot(s)	CSM	Vol	& Page (	CSM	Doc# Lo	ot(s) #	Block #	Subdiv	ision		, ,
1/4,	1	L/4	2	12	V7	D	ma		Doe n	) ((3) II	DIOCK #	Jubuiv	131011.		
				115	1	81	89)								
Section	, Tow	nship _	44 N, R	ange $09$ \	N		Town of:	0 4	JES			Lot Size	е	Acre	age 3.5
	CONTROL OF THE PARTY OF THE PAR														2.3
				n 300 feet of Riv					Distance Struc	cture is fro	m Shorelin		Is your Proper	- /	Are Wetlands
Shoreland -				of Floodplain?			continue —	<b>&gt;</b>				feet	in Floodplair Zone?		Present?
y onorciana =	□ S F	roperty	/Land withi	n 1000 feet of La					Distance Struc	cture is fro	m Shoreli	ne :	□ Yes		☐ Yes
						es	continue —	<b></b>		120		feet	⋉No		No
☐ Non-Shoreland	d											- I			
Value at Time									Total # of		W	hat Typ	oe of	12 10	Type of
of Completion * include		D!		Project		Project			bedrooms				System(s)		Water
donated time		Projec		# of Stories	S	Fou	indation						perty or		on
& material											property?		property		
	☐ New	New Construction   1-Story				☐ Basement ☐ 1 ☐ Municipal/C					nicipal/Cit				☐ City
	1	□ 1-Story +				(Mau) Conit						ary Specify Type:			
	Addit	Addition/Alteration Loft				Foundation 2								Well	
\$ 1000									Sanitary (Exist			ts) Specify Type:			/ <sub></sub>
<u> </u>	□ Conversion			☐ 2-Story	☐ Slab		3 Salitary (Exis		To House						
,	☐ Reloc	ate (exi	sting bldg)		Г	□ □ Privy (Pit) or					□ Vaulted (min 200 gallon)				
	☐ Run a						Use		□ None			ervice contract)			-
	Prope	erty	1,000		2	Ye	ear Round				post Toil				
					□ None										
Existing Structu					plied for	d for) Length: 32 W Width: 34#			34€				fr		
Proposed Cons	truction:	(overa	II dimension	is)			Length:			Width:			Height:		
					r dans story		en se en en	W S	7/5/25/25/25/20/20/20		1123-1232-1257-77				
- Proposed U	Jse	1				Pro	posed Struc	ctur	е			D	imensions		Square
			Dringinal	Structure /fire	t etrue	oture		h/				1	· ·		Footage
" ed				Structure (firs				LY)				1	X )		
-			Residenc	e (i.e. cabin, h	unting	snac	.k, etc.)					1	X )		
<b>Residentia</b>	l Use			with Loft	L							1	X )		
3 . <del>-</del> .				with a Porc								(	X )	-	
				with (2 <sup>nd</sup> ) P								(	X )		
				with a Decl								(	х )		
☐ Commerci	al Use			with (2 <sup>nd</sup> ) D								(	X )		
				with Attach	ned Ga	rage	!					(	Χ )		
			Bunkhou	se w/ (□ sanita	ry, or	□ sle	eeping quarte	ers, o	or a cooking &	food prep	facilities)	(	Х )		
			Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)  Mobile Home (manufactured date)									(	X )		
□ <b>N</b> 4	l le -		Addition	/Alteration (ex	nlain	/						1	x )		
☐ Municipal	use											1			
				y Building (exp						A-MALI	2/	1	X )		
		×	Accessor	y Building Add	lition/	Alter	ration (expl	ain)	CUTSI)E	HILE	er_	10	0× 161	1	60
			Special U	se: (explain)								(	X )		
				nal Use: (explain							-	(	X )		
				xplain)								1	X )		
												1,	^ 1		
I (we) declare that this (are) responsible for	s application (	including a	ny accompanyin	OBTAIN A PERMIT g information) has be I (we) am (are) provid	en examir	ned by	me (us) and to th	ne be:	st of my (our) knowle	edge and belie	f it is true, corr	rect and co	mplete. I (we) acknowe) further accept l	wledge thability wh	nat I (we) am ich may be a

Owner(s): (If there are Multiple Owners must sign or letter(s) of authorization must accompany this application)

**Authorized Agent:** 

Address to send permit 2490 Boxy Lake Rd

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

**Copy of Tax Statement** If you recently purchased the property send your Recorded Deed

### In the box below: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink – NO PENCIL Show Location of: **Proposed Construction** (2) Show / Indicate: North (N) on Plot Plan (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road) (4)Show: All Existing Structures on your Property (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond (6)(\*) Wetlands; or (\*) Slopes over 20% Show any (\*): (7)Drav All

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

#### (8) Setbacks: (measured to the closest point)

Description	Setback Measurements			Description	Setback Measurements		
Setback from the <b>Centerline of Platted Road</b>	380	Feet		Setback from the <b>Lake</b> (ordinary high-water mark)	120	Feet	
Setback from the Established Right-of-Way	360	Feet		Setback from the River, Stream, Creek	,	Feet	
				Setback from the Bank or Bluff		Feet	
Setback from the <b>North</b> Lot Line	360	Feet					
Setback from the <b>South</b> Lot Line	240	Feet		Setback from Wetland		Feet	
Setback from the <b>West</b> Lot Line	110	Feet		20% Slope Area on the property	□ Yes ✓	No	
Setback from the <b>East</b> Lot Line	140	Feet		Elevation of <b>Floodplain</b>		Feet	
Setback to <b>Septic Tank</b> or <b>Holding Tank</b>		Feet		Setback to <b>Well</b>	40	Feet	
Setback to <b>Drain Field</b>		Feet			70		
Setback to <b>Privy</b> (Portable, Composting)		Feet					

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

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For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

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Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:						
Permit Denied (Date):	Reason for Denial:	Reason for Denial:								
Permit #:	Permit Date:	Grand State of the	parties							
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming  Yes (Fused/Contigu	uous Lot(s))	Mitigation Required Mitigation Attached		Affidavit Required Yes No Affidavit Attached Yes No						
Granted by Variance (B.O.A.)  ☐ Yes ☐ No Case #:		Previously Granted by Variance (B.O.A.)  See See See See See See See See See Se								
		Were Property Line	es Represented by Owner Was Property Surveyed	Yes ONO NO						
Inspection Record: See Cup Denial 6-17	-21	Zoning District ( R-1 ) Lakes Classification ( 2 )								
Date of Inspection: 7-1-21	Inspected by:		Date of Re-Inspection:							
Condition(s): Town, Committee or Board Conditions Attached? \[ \text{Ves}  \text{No} - (If \text{No} \text{they need to be attached.}) \] \[ - Get required \( UOC \) inspections \[ - No \( K, \) teken \( \text{core} \) \( \text{core} \) king \( q \) lowed in \( \text{bunk house} \) \[ - Tf freqs \( ur' \) zed \( water \) \( \text{core} \) structure \( qet \) \( \text{Soptic perm, } \text{fs} \) \[ \text{Signature of Inspector:} \( \text{Mode} \) \[ \text{Date of Approval:} \( \text{Approval:} \)										
Hold For Sanitary:  Hold For TBA:	Hold For Affic	lavit: 🗆	Hold For Fees:							

Can Locate Dayneid County Froperty Libring oday's Date: 12/20/2021

Created On: 3/15/2006 1:14:45 PM

Description Updated: 4/22/2021 Tax ID: 1499 PIN: 04-004-2-44-09-05-2 05-003-12000 Legacy PIN: 004106701000 Map ID: (004) TOWN OF BARNES 1unicipality: TR: S05 T44N R09W Description: PAR IN LOT 3 IN DOC 2021R-588020(LOT B OF CSM V.2 P.188) 430L2 Recorded Acres: 3.500

Calculated Acres: 3.417 ottery Claims: 1 irst Dollar: Yes oning: (R-1) Residential-1

SN: 104

Tax Districts

04 41491 01700

Recorded Documents QUIT CLAIM DEED

ate Recorded: 4/12/2021

QUIT CLAIM DEED

Pate Recorded: 8/1/2011

CONVERSION

ate Recorded:

🎎 Ownership

**ROBERT E ANDERSON JR** 

Updated: 4/22/2021

FOXBORO WI

**Billing Address: ROBERT E ANDERSON JR** 6809 S STATE ROAD 35 FOXBORO WI 54836

**Mailing Address: ROBERT E ANDERSON JR** 6809 S STATE ROAD 35 FOXBORO WI 54836

Fite Address \* indicates Private Road

2480 BONY LAKE RD

**BARNES 54873** 

	Updated:	l: 10/4/2016		
Acres	Land	Imp.		
3.500	115,300	173,800		
2020	2021	Change		
115,300	115,300	0.0%		
173,800	173,800	0.0%		
289,100	289,100	0.0%		
	3.500 <b>2020</b> 115,300 173,800	Acres         Land           3.500         115,300           2020         2021           115,300         115,300           173,800         173,800		



Updated: 3/15/2006

TOWN OF BARNES

SCHL-DRUMMOND

TECHNICAL COLLEGE

Updated: 3/15/2006

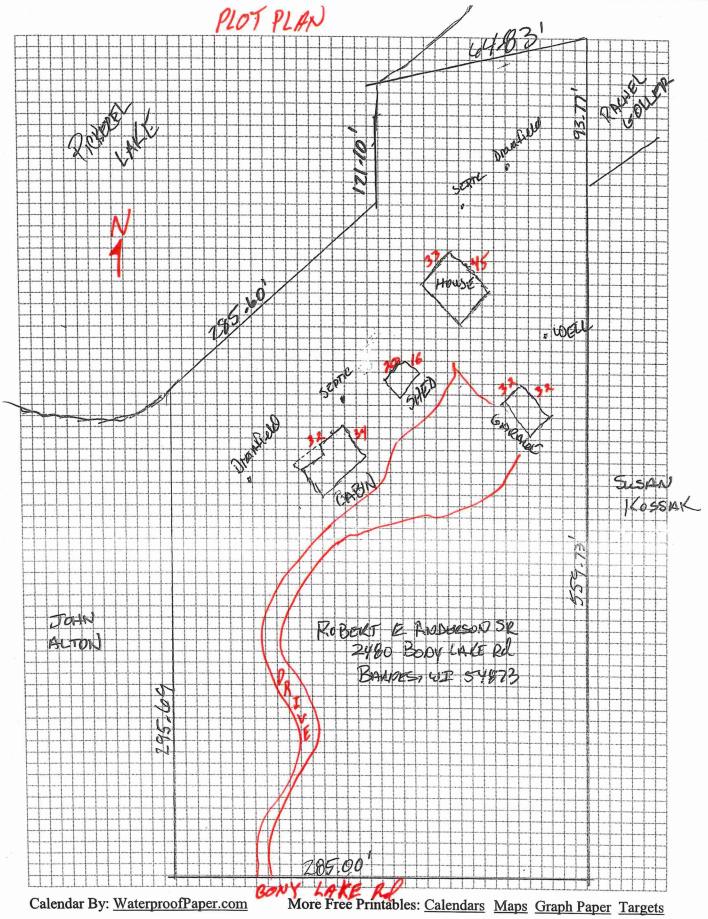
2011R-539548 1065-929

2021R-588020

438-55

STATE COUNTY

Property History



Calendar By: WaterproofPaper.com

## Town, City, Village, State or Federal Permits May Also Be Required

LAND USE – X (After-the-Fact)
SANITARY – 21-221S
SIGN –
SPECIAL –

CONDITIONAL - DENIED (ZC Mtg: 6/17/2021)

BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.		21-041	5	Issue	d To: <b>F</b>	Robert	E Andersor	n					-	
Locatio	n:	1/2	of	1/4	Section	n <b>5</b>	Township	44	N.	Range	9	W.	Town of	Barnes
Par of														
Gov't Lo	ot	3	Lot		E	Block	Su	bdivisio	on				CSM#	
Reque	sted:	[After	-the Fact	] Mu	ltiple St	ructure	s on a Parce	el and	Shor	t Term R	enta	al—Th	is request	was DENIED
	ed:	ATF pe					k to a Bunk d Screen Po				•			557. ory) Deck (10' x
Condit	tion(	s): Se	e Back o (Disclain			e expans	sions or develo	opment	woul	d require a	ıdditi	on per	mitting.	
NOTE:		-			date of iss	uance if t	he authorized co	onstructi	on			Tr	acy Poole	er, AZA
			se has not b									Au	thorized Iss	uing Official
		-	•				without obtaining ation information							
	to ha	ve been r	nisrepresent	ed, erro	neous, or	ncomple	te.					De	ecember 2	28, 2021
			y be void or				e conditions are	not			t.		Date	

### with the following conditions:

- Must secure After-the-Fact permits for the unpermitted additions to the subject structure
- Must abide by the Original Conditions of the Permit issued in 2001.

### Additional Conditions placed by (Planning and Zoning Dept)

- Unpermitted additions (enclosed porch) and (deck) to subject structure must be applied for within 30 days of this letter. Cost of After-the-Fact fees will be \$300.00.
- Residence must be converted back to a bunkhouse (original permit-#01-0557) within 30 days of the letter you received. Removal of the kitchen and all water using appliances.
- Contact AZA Tracy Pooler after the 30-day deadline to set up an inspection to visually verify compliance.
- ❖ A Uniform Dwelling Code (UDC) [Building Permit] from the locally contracted UDC Inspection Agency must be obtained.
- No Kitchen or Cooking Facilities allowed in Bunkhouse
- If Pressurized Water enters Structure Sanitary Permit is required prior